

Utah Insurance Department
State Office Building, Rm 3110
Salt Lake City, UT 84114
Jeffrey Hawley, Research Analyst
Telephone: (801) 538-0984
Email: jhawley@utah.gov

**BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF UTAH**

COMPLAINANT:
UTAH INSURANCE DEPARTMENT,

vs.

RESPONDENT:
PREFERRED CARE INC
P.O. BOX 21446
SUITE 315
EAGAN, PA 55121
License Number 7044

**NOTICE OF INFORMAL
AGENCY ACTION AND ORDER**

Docket No. 2015-130 HL

Enforcement Case No. 3690

Judge: Mark Kleinfeld
Administrative Law Judge

The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Ann. § 31A-2-201, 31A-3-103 and 63G-4-201 and Utah Admin. Code R590-102. Based upon information contained in the Department's files or known to the Department, the presiding officer enters the following:

FINDINGS OF FACT

1. Respondent is a licensed insurance producer authorized to the business of insurance in the State of Utah holding License Number 7044.
2. Respondent failed to properly respond to a 1st Notice dated June 5, 2015 to file the 2014 Utah Third Party Administrator Survey on or before July 31, 2015, which was sent to Respondent's following address on file with the Department: P.O. BOX 21446, SUITE 315,

EAGAN, PA 55121.

3. Respondent failed to properly respond to a 2nd Notice dated August 11, 2015 to file the 2014 Utah Third Party Administrator Survey on or before September 11, 2015, which was sent to Respondent's following address on file with the Department: P.O. BOX 21446, SUITE 315, EAGAN, PA 55121.

4. Respondent failed to properly respond to a Final Notice dated September 15, 2015 to file the 2014 Utah Third Party Administrator Survey on or before October 9, 2015, which was sent to Respondent's following address on file with the Department: P.O. BOX 21446, SUITE 315, EAGAN, PA 55121.

5. The Department contacted Respondent by telephone and email using the telephone number and email address on file. The telephone did not answer and the email was returned with an invalid email address. No response has been received to this date.

6. As of the date of this Notice of Agency Action and Order, no response has been received and the time for response and any extensions granted have expired.

Having entered the Findings of Fact, the Presiding Officer now enters the following:

CONCLUSIONS OF LAW

1. In failing to submit a timely response to an inquiry from the Commission, the Respondent has violated Utah Code § 31A-2-202(4).

Based on the Findings of Fact and the Conclusions of Law, the Presiding Officer now enters the following Order:

ORDER

IT IS HEREBY ORDERED:

1. Respondent is assessed an administrative forfeiture in the amount of \$750. Said forfeiture shall be paid to the Department no later than ten (10) days after the date this Order becomes final.

2. Respondent shall provide a substantive response to the Commissioner's inquiries to be received in the offices of the Utah Insurance Department no later than ten (10) days after the date this Order becomes final.

3. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the Department prior to that date. A written request for a hearing shall be signed by the person making the request and shall state the basis for the relief requested.

NOTIFICATION

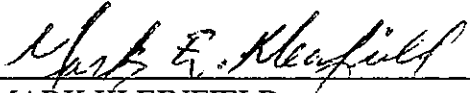
If you request a hearing regarding this matter, please contact Jeffrey Hawley, Research Analyst. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

You are further notified that a failure to obey an order of the Commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action to enforce this Order in District Court, which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

DATED this 6 day of November, 2015.

TODD E. KISER
INSURANCE COMMISSIONER



MARK KLEINFELD
Administrative Law Judge
Utah Insurance Department
State Office Building, Room 3110
Salt Lake City, UT 84114
Telephone: (801) 538-3800

CERTIFICATE OF MAILING

The undersigned certifies on this date, a true and correct copy of the forgoing NOTICE OF INFORMAL AGENCY ACTION AND ORDER was mailed, postage prepaid, to the following:

PREFERRED CARE INC
P.O. BOX 21446
SUITE 315
EAGAN, PA 55121

&

drosetti@preferredcareinc.net

DATED this 6Th day of November, 2015.

A handwritten signature in cursive script, reading "Linda Hardy", is written over a horizontal line.

LINDA HARDY
UTAH INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

UTAH Invoice - Original

TOM WALSH
PREFERRED CARE INC
PO BOX 21446
SUITE 315
EAGAN PA 55121

Printed Date: November 6, 2015
Invoice Date: November 6, 2015
Balance Due: \$750.00
Due Date: December 11, 2015
Invoice ID: 813645
Payor ID: 3612

Date	Item Description	Amount	
11-06-2015	Monetary Penalty Company	\$750.00	E-Case 3690 Docket 2015-130 HL

No Adjustments

No Payments

Balance Amount Due \$750.00

UTAH Invoice - Original

Make check payable to: Utah Insurance Department
Send payment to:
Utah Insurance Department
3110 State Office Building
Salt Lake City, UT 84114-6901

Invoice Date: November 6, 2015
Balance Due: \$750.00
Due Date: December 11, 2015
Invoice ID: 813645
Payor ID: 3612

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Detach and Return this Voucher with Payment
Payments Will Not Be Processed without Voucher